

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for dates of service 07/30/01 and extending through 08/31/01.
- b. The request was received on 01/10/02.
- c. The provider supplied an updated table on 08/06/02 and indicated that dates of service 09/04/01 through 09/07/01 had been paid.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. There is no initial response from the carrier. The provider did supply a copy of a certified receipt indicating that they had sent the dispute to the carrier but there is no copy of the receipt signed by the carrier indicating they received it. The provider did not submit additional documentation but it appears as if the initial submission was a complete request. An entry in the TWCC data-base, dated 03/20/02, indicates that a faxed letter was sent to the carrier requesting information, but there is no confirmation sheet indicating that the carrier received the fax.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 12/31/01
"The carrier made a partial payment on the above date of service....Per TWCC MFG the reimbursement for the work hardening program is \$64 per hour [sic] 97545-WH-AP includes the initial 2hrs and 97546-WH-AP for additional hours up to 6hrs. (Facility) is CARF certified and payment should be at 100%."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date (s) of service eligible for review is (are) those commencing on 07/30/01 and extending through 08/31/01.
2. The provider has supplied a copy of a letter from CARF, dated 12/08/00, indicating that the program is accredited by CARF through 04/03.

3. The carrier reduced the bills by 20%.
4. The Medical Fee Guidelines, Medicine Ground Rules (II) (C), indicates that CARF accredited facilities are paid at 100% of the \$64.00/hr charge.
5. Therefore, the provider, as a CARF accredited facility, is entitled to additional reimbursement in the amount of **\$1,113.60**.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$1,113.60 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 6th day of August, 2002.

Carolyn Ollar, RN, BA
Medical Dispute Resolution Officer
Medical Review Division
CO/co

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.